2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

AND TYPED OR PRINTED

NAME OF SIGNING OFFICER OR DIRECTOR

May 12, 2001 8:00 am Secretary of State DOCUMENT # **840939** i. Entity Name **BOWATER INCORPORATED** 05-12-2001 90058 033 ***150.00 Principal Place of Business Mailing Address 55 EAST CAMPERDOWN WAY 55 EAST CAMPERDOWN WAY GREENVILLE SC 29602 GREENVILLE SC 29602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For 62-0721803 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required -- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Change ☐ Addition ☐ Delete TITLE TITLE AGUILAR, FRANCIS J DR NAME NAME STREET ADDRESS 55 E CAMPERDOWN WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE SC 29602** ☐ Change ☐ Addition ☐ Delete TITLE TITLE BARASH, ANTHONY H NAME NAME STREET ADDRESS STREET ADDRESS 55 E CAMPERDOWN WAY CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE SC 29602** ☐ Change ☐ Addition TITLE Delete TITLE NEMIROW, ARNOLD NAME NAME STREET ADDRESS 55 E. CAMPERDOWN WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE SC** TITLE CFO □ Delete TITLE [] Change ☐ Addition MAFFUCCI, DAVID G. NAME NAME STREET ADDRESS 55 E CAMPERDOWN WAY STREET ADDRESS CITY-ST-ZIP **GREENVILLE SC 29602** CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition SHIBA, WENDY C NAME NAME STREET ADDRESS 55 E CAMPERDOWN WAY STREET ADDRESS CITY-ST-7IP **GREEVNILLE SC 29602** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurage and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered uplexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

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FILED